

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | JB       |        | 05-23-01 |
| O.I.P.E. CLASSIFIER       |          | 49     | 4/14/01  |
| FORMALITY REVIEW          | TM       | 50884  | 4/26/01  |
| RESPONSE FORMALITY REVIEW |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date   |
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| Final Original |        |
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| Claim          | Date |
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| Claim          | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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EW 4/26/01